

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006813

1. Entity Name

E-MANAGEMENT, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90017 042 \*\*\*550.00

Principal Place of Business

18291 SW 27 STREET  
MIRAMAR FL 33029

Mailing Address

18291 SW 27 STREET  
MIRAMAR FL 33029-5190

2. Principal Place of Business

2729 SW 24 st.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 140726

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Coral Gables, Florida

4. FEI Number

06-1505637

Applied For

Not Applicable

Zip

33145

Country

US

Zip

33114

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOYA, JOSE M  
18291 SW 27 STREET  
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name

JOSE M. MOYA

Street Address (P.O. Box Number is Not Acceptable)

2729 SW 24 st.

City

Miami

FL

Zip Code

33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	MOYA, JOSE M	
STREET ADDRESS	18291 SW 27 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOYA, JOSE M	
STREET ADDRESS	18291 SW 27 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVS T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, JOSE M.	
STREET ADDRESS	2729 SW 24 st.	
CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jose M. Moya*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2000  
Date

305-444-2354  
Daytime Phone #

CR2000-14 (1/1/00)